

# Gift to Agency Report

## A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> Governor's Office Division, Department, or Region (if applicable) Street Address State Capitol, Sacramento, CA 95814 Area Code/Phone Number      E-mail (916) 445-0873 Agency Contact (name and title) Dan Maguire, Deputy Legal Affairs Secretary		Date Stamp	<b>California Form 801</b> For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)			

### 2. Donor Name and Address

<input type="checkbox"/> Individual		<input checked="" type="checkbox"/> Other Employers Group	
Last Name 1155 South Olive Street, Suite 2300 Address	First Name Los Angeles City	State CA	Zip Code 90015
Human resources consulting and services If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.			
If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:			
Name _____	\$ Amount _____	Name _____	\$ Amount _____

### 3. Payment Information

Date and Amount of Payment (other than travel) 11/13/08 (month, day, year)	\$ 3,500 (Round to whole dollars)				
Travel Payment Information (Round to whole dollars) Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

#### Provide a specific description of the nature and use of the payment for official agency business:


Employers Group provided a \$3,500 sponsorship for the Governor's Conference on Small Business and Entrepreneurship, which was held on November 18 - 19, in Los Angeles, California.

#### Identify the officials for whom the payment was used:

Not applicable Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division

### 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

 Signature of Agency Head or Designee	Will Fox Print Name	Deputy Chief of Staff Title	12 19 08 (month, day, year)
---	------------------------	--------------------------------	--------------------------------

Comment: (Use this space or an attachment for any additional information.)